

Streamlined Sales Tax Project

promoting a streamlined sales tax system for the 21st century

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- Sites You May Wish To Visit**
- Federation of Tax Administrators
 - Multistate Tax Commission
 - Nat'l Conference of State Legislatures
 - National Governors Association

REGISTER

Latest News and Developments

- 04/07/04 - Updated [Executive Summary](#)
- 01/22/04 - Interested in becoming a Certified Service Provider? Click [here](#) to register.
- 02/23/04 - [Streamlined Sales and Use Tax Agreement Taxability Matrix](#)
- 01/13/04 - [Approved Certificate of Exemption](#)
- 01/02/04 - [Certificate of Compliance \(Revised\)](#) (in MS Excel format)
- 01/02/04 - [Approved Amendments to Streamlined Sales and Use Tax Agreement Dated November 12, 2002](#)
- 11/6/03 - [State SSTP Compliance Legislation](#)
- 11/6/03 - [Certificate of Compliance](#)

PROJECT MISSION

The Streamlined Sales Tax Project will develop measures to design, test and implement a sales and use tax system that radically simplifies sales and use taxes.

STEERING COMMITTEE

Co-Chairs
Diane Hardt (WI)
Scott Peterson (SD)

Members
Richard Dobson (KY)
Carol Fischer (MO)
Harold Fox (NJ)
R. Bruce Johnson (UT)
Eleanor Kim (TX)
Tom Kimmitt (PA)
Charlotte Quarles (KY)
Marshall Stranburg (FL)

CONTACT US!

ADVISORY GROUP

Great Resource for drafting legislation, rules, regulations and policies implementing the SST Agreement

SSTP

Welcome to Combined Electronic Tax Registration

Please select any one from the following:

- ☐ New Streamlined Sales Tax Registration
- ☒ New Traditional Registration
- ☐ Change/Update Streamlined Sales Tax Registration
- ☐ Change/Update Traditional Registration

Continue

Welcome to Traditional Registration

Identify Business

* Required Information

Please provide the following:

☐ FEIN **OR** ☐ SSN *

* Legal Name

The following states have a traditional online registration process available. Please select which states you would like to register for at this time.

- | | | | | |
|-----------------------------------|-----------------------------------|------------------------------------|---|-------------------------------------|
| <input type="checkbox"/> Alabama | <input type="checkbox"/> Idaho | <input type="checkbox"/> Kentucky | <input type="checkbox"/> South Carolina | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Arizona | <input type="checkbox"/> Illinois | <input type="checkbox"/> Michigan | <input type="checkbox"/> South Dakota | <input type="checkbox"/> Wisconsin |
| <input type="checkbox"/> Arkansas | <input type="checkbox"/> Iowa | <input type="checkbox"/> Minnesota | <input type="checkbox"/> Texas | <input type="checkbox"/> Wyoming |
| <input type="checkbox"/> Florida | <input type="checkbox"/> Kansas | <input type="checkbox"/> Missouri | <input type="checkbox"/> Utah | |

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Welcome to Traditional Registration

Business Tax Information

* Required Information

Legal Name

Business Name (if different than legal)

What type of [legal organization](#) are you?

* Legal Organization

Select legal Organization from the list

Primary Address

☐ Check if foreign address

* Address

444 N. Capitol street

Apt or Suite

* City

Washington

* State

DC

* Zip

20001

* Phone

202-624-8587

Fax

* Email

ssts@sstp.org

Mailing Address (If different from primary address)

☐ Check if foreign address

Address

206 Stream Street

Apt or Suite

City

Baltimore

State

Select State

Zip

21017

Enter NAICS Code that best describes your primary source of business

* NAICS Code

xxxxxx

[Look up your NAICS code](#) on U.S. Census Bureau's website

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Traditional Registration

Contact Person Information

* Required Information

This is the person we will contact with questions regarding your registration, filings, and payments

* Contact Name

Contact Address Information

☐ Check if foreign address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

Fax

* Email

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Continue

Traditional Registration


Owner, Officer, or Personal Representative Information

* Required Information

Please enter your owner, officer, or personal representative information

* Name

* SSN

* Title 

Officer Address Information

☐ Check if foreign address

* Address

Apt or Suite

* City

* State 

* Zip

* Phone

Fax

* Email

☐ Additional Officers

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Traditional Registration

Sales and Use Tax Information

* Required Information

	What is your estimated monthly taxable sales and/or purchases?	Sales tax begin date
Alabama	* <input type="text"/>	* <input type="text"/>
Arizona	* <input type="text"/>	* <input type="text"/>
Arkansas	* <input type="text"/>	* <input type="text"/>
Florida	* <input type="text"/>	* <input type="text"/>

Do you make taxable sales from more than one physical location?

☒ Yes

☐ No

If yes, Select States where you have physical locations different than your primary address provided

☐ Alabama

☐ Arizona

☐ Arkansas

☐ Florida

Are you open all year long?

☒ Yes

☐ No

Select the months you are active for sales and use tax:

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

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Traditional Registration

Business Tax Information

ALABAMA

* Required Information

Please provide the following information to complete your registration for sales tax for the state listed above:

Web Address

Enter NAICS Code that best describes your primary source of business

* NAICS Code

[Look up your NAICS code](#) on U.S. Census Bureau's website

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Traditional Registration

Sales Tax Location Information

ALABAMA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Begin Date

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

ARIZONA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

ARKANSAS

* Required Information

Do you sell any one of the following:

☐ Alcoholic Beverages

☐ Tobacco Products

* Did you purchase the fixtures and equipment of an existing business

☐ Yes

☐ No

* Business Name

Sales Tax Permit Number

Did you purchase an established business?

☐ Yes

☐ No

* Business Name

* Owner Name

Sales Tax Permit Number

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Traditional Registration

Sales Tax Location Information

ARKANSAS

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name * Location Begin Date * County Name (Required if in Arkansas)

Select County

* Location Address

* Address

Apt or Suite

* City

* State

Select State

* Zip

* Phone

* Describe your primary activity of business or product sold at this location:

Please type text here

☐ Additional Locations to Register

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Continue

Traditional Registration

Business Tax Information

FLORIDA

* Required Information

* Is your primary business location rented?

☐ Yes

☐ No

Do you operate from home?

☐ Yes

☐ No

Please enter the following information regarding your landlord.

* Name

Address

☐ Check if foreign address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

* What product or services do you purchase for resale?

Please type text here

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Traditional Registration

Business Tax Information

FLORIDA

* Required Information

* Does your business activity include any of the following? Select all that apply:

- ☐ Sales of property or good at retail (to consumers)
- ☐ Sales of property or good at wholesale (to registered dealers)
- ☐ Sales to second hand goods
- ☐ Rental of commercial real property to individuals or businesses
- ☐ Rental of transient living or sleeping accommodations (for six months or less)
- ☐ Management of transient living or sleeping accommodations (for six months or less)
- ☐ Rental of equipment or other property or goods to individuals or businesses
- ☐ Renting/Leasing motor vehicles to others
- ☐ Repair or alteration of tangible personal property
- ☐ Charging admission or membership fees
- ☐ Placing and operating coin-operated amusement machines at business locations belonging to others
- ☐ Placing and operating vending machines at business locations belonging to others
- ☐ Purchasing items to be included in a finished product assembled or manufactured for sale

Providing any of the following services

- ☐ Pest control for nonresidential buildings
- ☐ Cleaning services for nonresidential buildings
- ☐ Detective services
- ☐ Protection services
- ☐ Security alarm system monitoring
- ☐ Purchasing items that were not taxed by the seller at time of purchase
- ☐ Using dyed diesel fuel for off-road purposes

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Traditional Registration

Sales Tax Location Information

FLORIDA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

IDAHO

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

ILLINOIS

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Business Tax Information

IOWA

* Required Information

Please provide the following information for your business main location:

* County Name

Select county



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Traditional Registration

Sales Tax Location Information

IOWA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* County Name (Required if
in Iowa)

Select County ▼

* Location Address

* Address

Apt or Suite

* City

* State

Select State ▼

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

KANSAS

* Required Information

Please provide the following information for your business main location:

* County Name

Select county



* What is your accounting method?

☐ Cash

☐ Accrual

* Is your business located inside city limits?

☐ Yes

☐ No

* Check all that apply:

☐ Do you purchase merchandise, equipment, fixtures, and other items outside the state for your own use (not for resale) in which you are not charged a sales tax?

☐ Will sales be made from various temporary locations?

☐ Does your business ship or deliver merchandise to customers?

☐ Are you performing labor services in connection with the construction, reconstruction, or repair of commercial buildings or facilities?

☐ Do you sell natural gas, electricity, water, or heat (propane gas, LP gas, coal, wood) to residential or agricultural customers?

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Traditional Registration

Sales Tax Location Information

KANSAS

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* County Name (Required if
in Kansas)

Select county

* Location Address

* Address

Apt or Suite

* City

* State

Select State

* Zip

* Phone

* Describe your primary activity of business or product sold at this location:

Please type text here

* Is your business located inside city limits?

☐ Yes

☐ No

☐ Additional Locations to Register

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Continue

Traditional Registration

Business Tax Information

KENTUCKY

*** Required Information**

Previous Taxpayer ID:

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Traditional Registration

Sales Tax Location Information

KENTUCKY

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

MICHIGAN

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

MINNESOTA

* Required Information

* Is your business located on an Indian reservation?

☐ Yes ☐ No

If yes, name of Indian Reservation?

* Indian Reservation 

Please indicate which jurisdictions you need to report sales and use tax:

- ☐ Cook county sales and use
- ☐ Hermantown sales and use
- ☐ Mankato sales and use
- ☐ Minneapolis sales and use
 - ☐ Downtown liquor
 - ☐ Lodging
 - ☐ Downtown restaurant
 - ☐ Entertainment
- ☐ New Ulm sales and use
- ☐ Proctor sales and use
- ☐ Rochester sales and use
 - ☐ Rochester lodging
- ☐ St. Cloud food and liquor
- ☐ St. Cloud area tax
- ☐ St. Paul sales and use
- ☐ St. Paul lodging > 50 rooms
- ☐ St. Paul lodging < 50 rooms
- ☐ Two Harbors sales and use

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Traditional Registration

Sales Tax Location Information

MINNESOTA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

Is your business located on an Indian reservation?

☐ Yes

☐ No

If yes, name of Indian Reservation?

Indian Reservation

Select reservation



Enter NAICS Code that best describes your primary source of business

* NAICS Code

123456

[Look up your NAICS code](#) on U.S. Census Bureau's website

More Sales Tax Location question Next Page

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Traditional Registration

Sales Tax Location Information

MINNESOTA

* Required Information

Please indicate which jurisdictions you need to report sales and use tax:

- ☐ Cook county sales and use
- ☐ Hermantown sales and use
- ☐ Mankato sales and use
- ☐ Minneapolis sales and use
 - ☐ Downtown liquor
 - ☐ Lodging
 - ☐ Downtown restaurant
 - ☐ Entertainment
- ☐ New Ulm sales and use
- ☐ Proctor sales and use
- ☐ Rochester sales and use
 - ☐ Rochester lodging
- ☐ St. Cloud food and liquor
- ☐ St. Cloud area tax
- ☐ St. Paul sales and use
- ☐ St. Paul lodging > 50 rooms
- ☐ St. Paul lodging < 50 rooms
- ☐ Two Harbors sales and use

☐ **Additional Locations to Register**

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Traditional Registration

Business Tax Information

MISSOURI

*** Required Information**

*** Are you located inside city limits?**

☐ Yes ☐ No

Is this business a Missouri Corporation?

☐ Yes ☐ No

*** If yes Missouri Charter Number**

*** If No, Certificate Authority Number**

Previous Tax ID for Missouri

*** Do you sell the following? Check all that apply:**

- ☐ Any type of alcoholic beverages
- ☐ Post-secondary educational textbooks
- ☐ Domestic utilities
- ☐ Aviation jet fuel
- ☐ Cigarettes or tobacco product

*** Do you sell food items that exempt from state sales tax?**

☐ Yes ☐ No

*** Do you lease motor vehicles to Missouri customers that were purchased exempt?**

☐ Yes ☐ No

*** Are you liable for consumers use tax?**

☐ Yes ☐ No

*** Please provide NAICS code description**

Please type text here

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Traditional Registration

Sales Tax Location Information

MISSOURI

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

More Sales Tax Location question Next Page

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Continue

Traditional Registration

Sales Tax Location Information

MISSOURI

*** Required Information**

*** Are you located inside city limits?**

☐ Yes ☐ No

*** Do you sell the following? Check all that apply:**

- ☐ Any type of alcoholic beverages
- ☐ Post-secondary educational textbooks
- ☐ Domestic utilities
- ☐ Aviation jet fuel
- ☐ Cigarettes or tobacco product

*** Do you sell food items that exempt from state sales tax?**

☐ Yes ☐ No

*** Do you lease motor vehicles to Missouri customers that were purchased exempt?**

☐ Yes ☐ No

*** Are you liable for consumers use tax?**

☐ Yes ☐ No

☐ Additional Locations to Register

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Traditional Registration

Sales Tax Location Information

NORTH CAROLINA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

NORTH DAKOTA

* Required Information

North Dakota law requires foreign corporations, Limited Liability Companies, Limited Partnerships, and Limited Liability Partnerships to register and obtain a Certificate of Authority from the Secretary of State before our office can issue a sales tax permit.

Provide the ID number issued by the Secretary of State found on the Certificate of Authority.

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Traditional Registration

Sales Tax Location Information

NORTH DAKOTA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

SOUTH CAROLINA

*** Required Information**

*** Do you sell any of the following? Check all that apply:**

- ☐ Aviation gas
- ☐ Cellular Services
- ☐ Food
- ☐ Motor Oil
- ☐ Tires
- ☐ Appliances
- ☐ Batteries

*** Are you a seller**

- ☐ In-state ☐ out of state ☐ Both In-State and Out of State

*** Consolidated return, do you file for multiple entities?**

- ☒ Yes ☐ No

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Traditional Registration

Owner/Officer Information

SOUTH CAROLINA

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name SSN

* Percent of Ownership

* Is this officer a South Carolina resident? ☐ Yes ☐ No

* Number of Years, Months

Does your business have owners that are another business entity?

☐ Yes ☐ No

* If Yes, Provide Federal Identification Number (FEIN) for the business owner

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Traditional Registration

Sales Tax Location Information

SOUTH CAROLINA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

SOUTH DAKOTA

*** Required Information**

*** What county is your business located in?**

Select County



Accounting method

☐ Cash

☐ Accrual

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Traditional Registration

Sales Tax Location Information

SOUTH DAKOTA

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* County Name (Required if
in South Dakota)

Select County

* Location Address

* Address

Apt or Suite

* City

* State

Select State

* Zip

* Phone

☐ Additional Locations to Register

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Traditional Registration

Business Tax Information

TEXAS

* Required Information

State specific ID

* Are you a seller with no established place of business selling at a temporary location (trade show, event, or door-to-door)?

☐ Yes ☐ No

* Will you have out-of-state suppliers shipping taxable items directly to customers' locations in Texas?

☐ Yes ☐ No

List any other distribution points, warehouses, of offices in Texas, that were not set up as business locations.

* Do you make retail sales of taxable items on an installment purchase plan or deferred payment plan where interest is charged on the entire balance, including the sales tax?

☐ Yes ☐ No

* Do you do your own financing on some accounts on which interest is charged?

☐ Yes ☐ No

* Will you include installment payments that were received during a reporting period in total sales on your sales tax return for that period (that is, you keep your records on a cash basis of accounting?

☐ Yes ☐ No

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Traditional Registration

Business Tax Information

TEXAS

* Required Information

* Did You purchase an existing business

☐ Yes ☐ No

If you purchased an existing business, please enter the following information for the previous owner:

* Taxpayer Number	<input type="text"/>	Trade Name	<input type="text"/>
* Legal Name	<input type="text"/>		
* Address	<input type="text"/>		
Apt or Suite	<input type="text"/>		
City	<input type="text"/>	State	<input type="text" value="Select State"/>
Phone Number	<input type="text"/>	Zip	<input type="text"/>
Purchase Date	<input type="text"/>	Purchase Price	<input type="text"/>

What did you purchase?

☐ Inventory ☐ Real estate ☐ Corporate stock ☐ Equipment

☐ Other (Explain)

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Traditional Registration

Owner/Officer Information

TEXAS

* Required Information

Please select from the list the owner and provide additional information about the owner as required by the state

Name	SSN	E-mail
John Doe	XXX-XX-XXXX	Add More Information
Jane Doe	XXX-XX-XXXX	Add More Information

Name

John Doe

SSN

XXX-XX-XXXX

Provide FEIN if an owner owns another company

* Officers Driver License Number

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Traditional Registration

Sales Tax Location Information

TEXAS

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name * Location Begin Date

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

* NAIC code of this location

* Will you deliver in your own vehicles, provide taxable services, and or have sales/service representatives going from this location to customers located in another city, county, or local taxing jurisdiction?

☐ Yes ☐ No

* Will you ship from this location to customers via common carrier?

☐ Yes ☐ No

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Continue

Traditional Registration

Sales Tax Location Information

TEXAS

* Required Information

* Does this location operate all year?

☒ Yes

☐ No

If No

☐ Is this a one time sale?

☐ Will business be conducted at this location each year

☐ Additional Locations to Register

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Continue

Traditional Registration

Business Tax Information

UTAH

* Required Information

* Do you want to voluntarily file your sales tax on a monthly basis?

☐ Yes ☐ No

* Will you sell good or services in Utah from the following:

☐ One fixed location

☐ More than one fixed location

☐ Non-fixed location

* Will you sell good or services (other than prepared food) from non-fixed place of business in Utah, such as door-to-door or through vending machines or multi-level marketing?

☐ Yes ☐ No

* Is your business located in Utah and do you ship goods from a location outside Utah to a Utah customer?

☐ Yes ☐ No

* Are you a vendor who has no physical or representational presence in Utah who is selling goods or services shipped by U.S. Mail or common carrier, directly to Utah customers?

☐ Yes ☐ No

* Are you a utility providing telephone service, electricity or gas?

☐ Yes ☐ No

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Traditional Registration

Business Tax Information

UTAH

* Required Information

* Are you a real property contractor bring material directly to a Utah job site and / or having material shipped direct to Utah job site from a location outside Utah?

☐ Yes ☐ No

* Will you purchase goods or services tax-free from vendors located outside Utah for storage, use or consumption by you or your business in Utah and need to report use tax of more than \$400 annually?

☐ Yes ☐ No

* Please describe, in detail, the purpose or nature of your business.

Free Text

* Local government issuing business license (only applicable id located in the sate).

* Are you a restaurant?

☐ Yes ☐ No

* If you are a restaurant, what type are you?

☐ Fast food ☐ Family restaurant ☐ Theme with liquor ☐ White table cloth with liquor

* Will you have sales of prepared food or beverages?

☐ Yes ☐ No

* County Name

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Traditional Registration

Business Tax Information

UTAH

* Required Information

* Will you have retail sales of new tires? This includes new tires sold as part of a vehicle sale, new tires purchased on or for vehicles that are rented, or new tires purchased from those not collecting the Waste Tire Recycling Fee?

☐ Yes ☐ No

* Do you purchase natural gas or electricity from someone other than you local public utility?

☐ Yes ☐ No

* Are you selling motel, hotel, trail court, campground or other lodging accommodations?

☐ Yes ☐ No

* Will you rent motor vehicles (registered for 12,000 or less) to customers for less than 31 days?

☐ Yes ☐ No

Previous or existing sales accounts

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Continue

Traditional Registration

Sales Tax Location Information

UTAH

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* County Name (Required if
in Utah)

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

* Local government issuing business license

☐ Additional Locations to Register

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Continue

Traditional Registration

Business Tax Information

Washington

* Required Information

* Please describe, in detail, the purpose or nature of your business.

Free Text

Taxpayer ID

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Continue

Traditional Registration

Sales Tax Location Information

WASHINGTON

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

WISCONSIN

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Sales Tax Location Information

WYOMING

* Required Information

* Provide all business locations (required if different from primary address)

* Location Name

* Location Address

* Address

Apt or Suite

* City

* State

* Zip

* Phone

☐ Additional Locations to Register

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Continue

Traditional Registration

Thank You

Please press continue to end the registration process

Continue